| PART B - FEE(S) TRANSMITTAL  |                           |                            |  |   |   |  |
|--|---------------------------|----------------------------|--|---|---|--|
| Complete and see   | d this form, togeth       | er with applicable         | · ·  | lail Stop ISSUE FEE ommissioner for Pate  | n ts  |  |
| FEB ( 1 2009 %   |                           |                            | Ā  | .O. Box 1450<br>lexandria, Virginia 22<br>571)-273-2885   | 2313-1450   |  |
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| ROBERT M. N<br>1824 FEDERAL<br>MONTROSS, V   | ICDERMOTT, E<br>FARM ROAD |                            | ]<br>S<br>au<br>tr   | Certificate heroby certify that this Fee(s tates Postal Service with suit diressed to the Mail Stop l ansmitted to the USPTO (57) | of Mailing or Transm.) Transmittal is being officient postage for first ISSUE FEE address all 273-2885, on the date | leposited with the United<br>class mail in an envelope<br>pove, or being facsimile<br>e indicated below. |
|  |                           |                            |  | Rolling   | please  | (Depositor's name)   |
|  |                           |                            |  | KOBERT M  | 009   | (Signature)  |
| APPLICATION NO.  | FILING DATE               |                            | FIRST NAMED INVENT   | OR ATTO   | RNEY DOCKET NO.   | CONFIRMATION NO.   |
| 10/581,659   | 05/31/2006                |                            | Wolfdietrich Kasperko  |   |   |  |
| 10/581,659 05/31/2006 Wolfdietrich Kasperkovitz 02/02/2009 NGUYEN2 00000032 10581659 3945 TITLE OF INVENTION: MULTIPLIER DEVICE  |                           |                            |  |   |   |  |
|  |                           | •                          |  | 01 FC:2501<br>02 FC:1504  |   | 755.00 OP<br>300.00 OP   |
| APPLN. TYPE  | SMALL ENTITY              | ISSUE FEE DUE              | PUBLICATION FEE DU   | E PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional   | YES                       | \$755                      | \$300  | \$0   | \$1055  | 02/03/2009   |
| EXAMINER ART UNIT  |                           | ART UNIT                   | CLASS-SUBCLASS   |   |   |  |
| MAI, TAN V 2193  |                           |                            | 708-620000   |   | •   |  |
| Address form PTO/Si  | ondence address (or Cha   | ange of Correspondence     | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is |   |   |  |
| Number is required. Itsted, no name was de printed.  |                           |                            |  |   |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |                           |                            |  |   |   |  |
| (A) NAME OF ASSIGNEE Sent conductor (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |                           |                            |  |   |   |  |
| Tideas to Harket  Drielindreef 53  NL 4839 AH Breda  |                           |                            |  |   |   |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual & Corporation or other private group entity   Government  |                           |                            |  |   |   |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.   |                           |                            |  |   |   |  |
| ☑ Publication Fee (No small entity discount permitted)       ☑ Payment by credit card. Form PTO-2038 is attached.         ☑ Advance Order - # of Copies       ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any   |                           |                            |  |   |   | ciency, or credit any  |
| overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)   |                           |                            |  |   |   |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |                           |                            |  |   |   |  |
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| Authorized Signature   | Rolls                     | n mplus                    |  | Date 1 Feb  | ruary 200   | 9  |
| Typed or printed name Robert M. Me Der mott Registration No. 41, 508   |                           |                            |  |   |   |  |
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